

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if one inventor) or original, first and joint inventor (if multiple inventors) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title of Invention
SURGICAL CLAW CLIPPERS

the specification of which is attached hereto and which was filed on March 1, 2005 as PCT International Patent Application Number PCT/DE2005/000386 which claims priority to German Patent Application 10 2004 011 012.3 filed March 2, 2004 and which is being amended by way of Preliminary Amendment on September 5, 2006.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Application Number(s)	Country	Date of Filing	Priority Claimed	Priority Not Claimed	Certified Copy Attached	
					YES	NO
10 2004 011 012.3	DE	March 2, 2004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direct all correspondence to Customer No. 42534.

POWER OF ATTORNEY

I hereby appoint the practitioners at **Customer No. 42534**, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to **Customer No. 42534** (Borden Ladner Gervais LLP, 1100-100 Queen St., Ottawa, Ontario, Canada, K1P 1J9).

Address all telephone calls to Gail C. Silver (telephone: 613-237-5160).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1. Full name of SOLE Inventor		
Klaus (Given Name)		KABELLA (Family or Last Name)
Inventor's signature:		
Date:		
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